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2020

A Literature Review of Barriers to Scaling Up Vasectomy Among Men of Reproductive Age in Nigeria: A Gender Perspective

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Citation of this paper:

Ndu, Mary, "A Literature Review of Barriers to Scaling Up Vasectomy Among Men of Reproductive Age in Nigeria: A Gender Perspective" (2020). *Africa Western Collaborations Day 2020 Abstracts*. 14.

https://ir.lib.uwo.ca/awc_abstracts/14

A literature review of barriers to scaling up vasectomy among men of reproductive age in Nigeria: A Gender perspective

Abstract

Introduction

Nigeria has one of the fastest-growing population globally, with an estimated population of 200 million, this is 2.6 percent of the world's population and growing at 2.7 percent per annum. Yet, the modern contraceptive prevalence rate (mCPR) is currently at 12 per cent, a 2 percent rise from where it was five years ago. For decades family planning interventions to curb population growth has focused on women, placing the burden of family size on women. In more recent times, we have seen the rise in campaigns to engage men in family planning. However, that approach usually means involving men as decision-makers and supporters and never as users. As such, there is almost a dozen range of biomedical methods for women with only two methods for men--vasectomy and condoms. The review using existing studies on vasectomy, male involvement, and family planning, aimed to highlight the barriers affecting uptake of vasectomy as a family planning method and ascertain whether existing gender norms are potential barriers.

Method

The primary author conducted an electronic search of publication with five keywords related to family planning: family planning, attitude, contraceptives, gender, and vasectomy. These included search terms such as sterilization, culture, and barriers in combination with Nigeria in PubMed, BMC, BMJ, Elsevier, and JSTOR. The results were filtered to return only articles that were published between 2009-2019 in English or translated to English. As the search was from Africa, articles also had to be open access, and all articles published in a peer-review journal.

Limitation

This review limited the search to family planning and vasectomy studies that had Nigeria as a term in the title or abstract. Additionally, because of the limited availability of resources, restricting the review to studies that are open access, means there may be a likelihood of studies existing that was not retrieved because it was not open access.

Result

The studies retrieved focused on family planning and male involvement in family planning. Some of the barriers identified include fear of losing masculinity, fear of erectile dysfunction, lack of diverse male contraceptive methods, promoting only female contraceptives use, insufficient knowledge and information about vasectomy. There were limited studies retrieved focusing on the impact of gender on male family planning.

Conclusion

Three critical issues emerged during this study, 1) the government and its partners have been negligent of men's health; 2) more men are demanding expanded contraceptive choices; 3) there is a growing interest in men's reproductive health rights. From this review, it is evident

that there is a need to conduct scalable qualitative research to explore the barriers to vasectomy and the changing gender construct in society and how that affects family planning programming. When we have evidence along these lines, interventions designed can genuinely begin to engage men and shift the needle beyond a single digit on mCPR.